

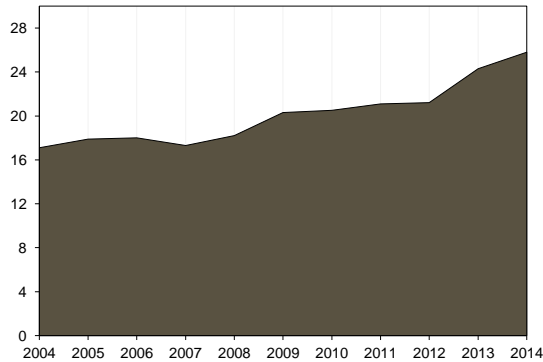
Melanoma of the Skin

in Pennsylvania



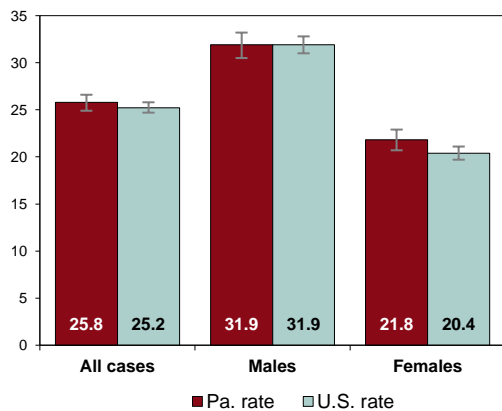
INCIDENCE:

Age-Adjusted Incidence Rates, Melanoma of the Skin
Pennsylvania Residents, 2004-2014



From 2004 to 2014, invasive melanoma of the skin increased dramatically from 2,365 to 4,017 cases. The age-adjusted incidence rate increased from 17.1 to 25.8 per 100,000. The highest number of cases and the highest rate occurred in 2014. Recent increases can be attributed to better detection, awareness and additional reporting by non-hospital sources. The vast majority of skin melanomas occur among whites, and excess exposure to sunlight is a major risk factor. Incidence rates have been on the increase for both males and females.

Age-Adjusted Incidence Rates, Melanoma of the Skin
United States and Pennsylvania Residents by Sex, 2014

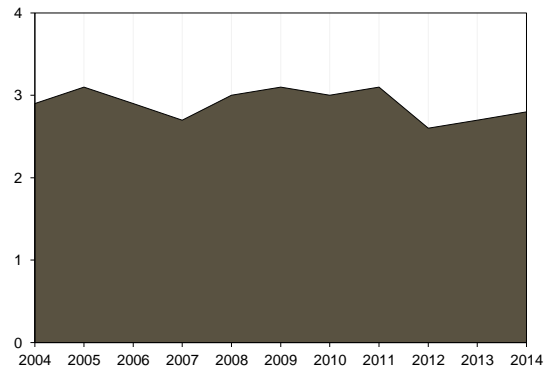


NOTE: The symbol represents the 95% confidence interval.

The bar chart above shows that Pennsylvania's age-adjusted incidence rate for invasive melanoma of the skin for all cases and females was higher than comparable United States rates and equal to the United States rate among males in 2014. The state rate for all cases (25.8) was only 2.4 percent higher than the United States rate of 25.2. Rates for skin melanoma were dramatically higher among males than females in both Pennsylvania and the United States.

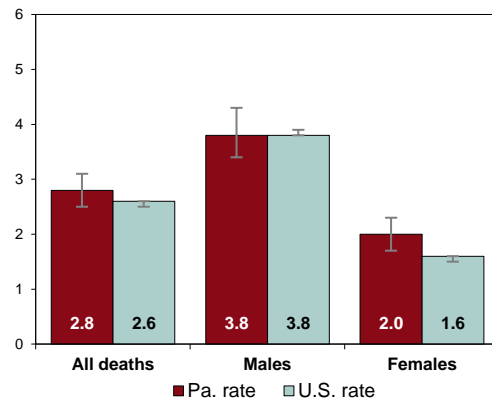
MORTALITY:

Age-Adjusted Mortality Rates, Melanoma of the Skin
Pennsylvania Residents, 2004-2014



The annual age-adjusted mortality rate for melanoma of the skin has not changed much during the period of 2004 to 2014 (see chart above). In 2014, there were 455 deaths due to skin melanoma for an age-adjusted rate of 2.8 per 100,000. By comparison, there were 417 deaths for an age-adjusted rate of 2.9 in 2004. Deaths due to skin melanoma were more common among men than women. The age-adjusted mortality rates among both males and females have not shown any major trends between 2004 and 2014.

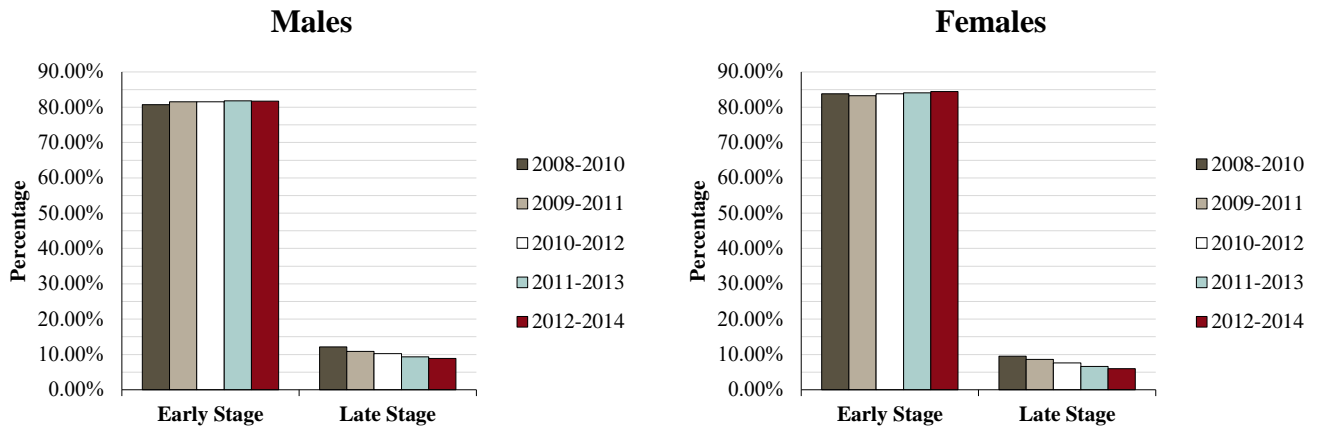
Age-Adjusted Mortality Rates, Melanoma of the Skin
United States and Pennsylvania Residents by Sex, 2014



NOTE: The symbol represents the 95% confidence interval.

In 2014, Pennsylvania's age-adjusted mortality rate for melanoma of the skin was the same as the United States rate for males and higher than the United States rate for all deaths and females (see chart above). In addition, the mortality rates for melanoma of the skin among men, in both Pennsylvania and United States, were about twice as large as the mortality rate among women.

STAGE of DISEASE at Time of Diagnosis by Sex, 2008-2014

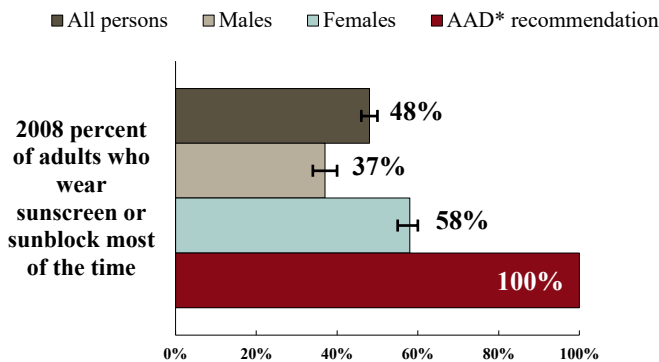


Note: Early stage is the combination of both in situ and local stages; late stage is the combination of both regional and distant stages. Unknown stage is not shown. The symbol represents the 95% confidence interval.

MALES - Among male residents, the percentage of melanoma cancers diagnosed at the early stage was 80.7 over the three-year period 2008-2010. The early stage percentage rose to 81.5 in 2009-2011 and 2010-2012 and to 81.8 in 2011-2013 before decreasing to 81.7 in 2012-2014. The late stage percentage was significantly lower than the early stage percentage for every three-year period between 2008 and 2014. The late stage percentage has decreased over the period 2008-2014, from 12.1 in 2008-2010 to 8.9 in 2012-2014.

FEMALES - Among female residents, the percentage of early stage melanoma cancers reached a high of 84.4 in 2012-2014. By comparison, the percentage was 83.8 in 2008-2010. A significantly lower percentage of melanoma cancer cases among females is detected at the late stage than at the early stage. The late stage percentage has declined in recent years, falling from 9.5 in 2008-2010 to 6.0 in 2012-2014.

BEHAVIORAL RISK FACTOR for Melanoma of the Skin by Sex, Pennsylvania Adults, 2008



NOTE: The symbol represents the 95% confidence interval. * AAD stands for the American Academy of Dermatology.

NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The division can be contacted by email (ra-dhicontactus@pa.gov) or phone (717-782-2448). For additional cancer statistics, go to www.statistics.health.pa.gov. The department is an equal opportunity provider of grants, contracts, services and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute from nine cancer registries throughout the country that are considered to be reasonably representative subsets of the United States population.

The American Cancer Society recommends that any suspicious lesions or unusual moles should be seen by your primary doctor or by a dermatologist, a doctor who specializes in skin problems. It's important to check your own skin, preferably once a month.

PROTECTIVE MEASURES - Sun exposure can be minimized by using protective measures, including the use of sunscreen, staying in shade and wearing protective clothing. According to 2008 results obtained from the statewide sample telephone survey conducted by the Pennsylvania Department of Health's Behavioral Risk Factor Surveillance System (BRFSS), 48 percent of Pennsylvania adults said that they wear sunscreen or sunblock most of the time when being exposed to the sun. Males (37 percent) were much less likely to protect themselves from sun exposure than females (58 percent). The American Academy of Dermatology recommends that sunscreen is worn 100 percent of the time when being exposed to the sun. (Please note that the 2008 BRFSS survey questions on protective measures for sun exposure differ from the 1999, 2002 and 2003 surveys and may not be comparable.)

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